



CPA WITHDRAWAL OF SPONSORSHIP
PLEASE COMPLETE AND RETURN TO KDHE

Name of Licensee (**exactly as it appears on the license**) _____ # _____
License/Approval Number _____

(Address) _____ (City) _____ (Zip) _____ (County) _____ Telephone Number _____

Please place a check mark next to all items that apply. Please include any other information which you would like us to know in the COMMENTS section.

Reasons for Withdrawal of Sponsorship:

- | | |
|---|--|
| <input type="checkbox"/> Foster Family Moved | <input type="checkbox"/> Family Not Willing to Abide With CPA Policies |
| <input type="checkbox"/> Loss of Contact | <input type="checkbox"/> Lack of Supervision |
| <input type="checkbox"/> Non-Compliance | <input type="checkbox"/> Has Not Completed Requirements for Renewal |
| <input type="checkbox"/> Unable to Take Children Served by This CPA | <input type="checkbox"/> Current Investigation by SRS/Law Enforcement |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Did Not Successfully Complete CAP/PDP |
| <input type="checkbox"/> Conflict With Agency Staff | <input type="checkbox"/> Other [Please Specify]: _____ |

Would you recommend this family to another CPA? ☐ Yes ☐ No

COMMENTS:

Signature of CPA Staff Person Completing Form

Date

Child Placing Agency Name

Telephone Number

E-mail Address